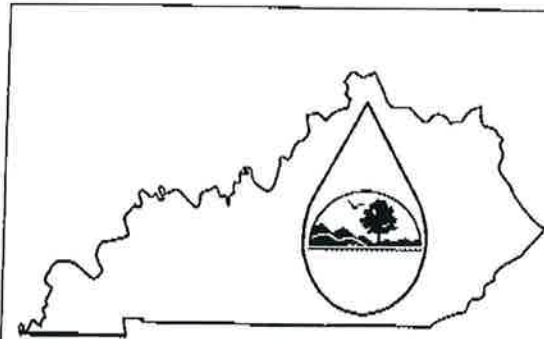


KPDES FORM 1

SCANNED / QC

2734



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

\$200.00 CK.

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	00431834
A. Name of business, municipality, company, etc. requesting permit DAVID M. ANDERSON			
B. Facility Name and Location GUMP GULLY (FORMERLY-LEOBETTER ELEMENTARY SCHOOL)		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name:		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Facility Location Address (i.e. street, road, etc., not PO Box): 1250 U.S. HWY. 60 EAST		Mailing Address: BAKER & ANDERSON PSC	
Facility Location City, State, Zip Code: LEOBETTER, KY, 42058		Mailing City, State, Zip Code: GRAND RIVERS, KY, 42045	
		Facility Contact Telephone Number: FAX 270-362-8909 270-362-8901	

II. FACILITY DESCRIPTION	
A. Provide a brief description of activities, products, etc: ANTIQUA MALL + RESTAURANT	
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code & Description:	5932 USED MERCHANDISE STORE (NAIC 453310)
Other SIC Codes:	5812 EATING (NAIC 722110)

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: LIVINGSTON	City where facility is located (if applicable): N/A
C. Body of water receiving discharge: UNNAMED TRIBUTARY TO MUD CREEK	
D. Facility Site Latitude (degrees, minutes, seconds): 37° 03' 30" 36"	Facility Site Longitude (degrees, minutes, seconds): 88° 26' 24" 15"
E. Method used to obtain latitude & longitude (see instructions): Modcheck	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: T. F. POTTER	Telephone Number: 270-362-8792
Operator Mailing Address (Street): 200 DOVER ST	
Operator Mailing Address (City, State, Zip Code): GRAND RIVERS, KY, 42045	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: WW TREATMENT II	Certification Number: 15313

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0043834	Issue Date of Current Permit: MARCH 1, 2004	Expiration Date of Current Permit: FEB 28, 2009
Number of Times Permit Reissued: 4	Date of Original Permit Issuance: APRIL 24, 1978	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRF Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	McCOY + McCOY LAB. INC.
DMR Official Telephone Number:	270-444-6547

B. DMR Mailing Address:	
<ul style="list-style-type: none">Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), orContact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.	
DMR Mailing Name:	BAKER + ANDERSON PSC
DMR Mailing Address:	738 U.S. HWY, 62
DMR Mailing City, State, Zip Code:	GRAND RIVERS, KY, 42045

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

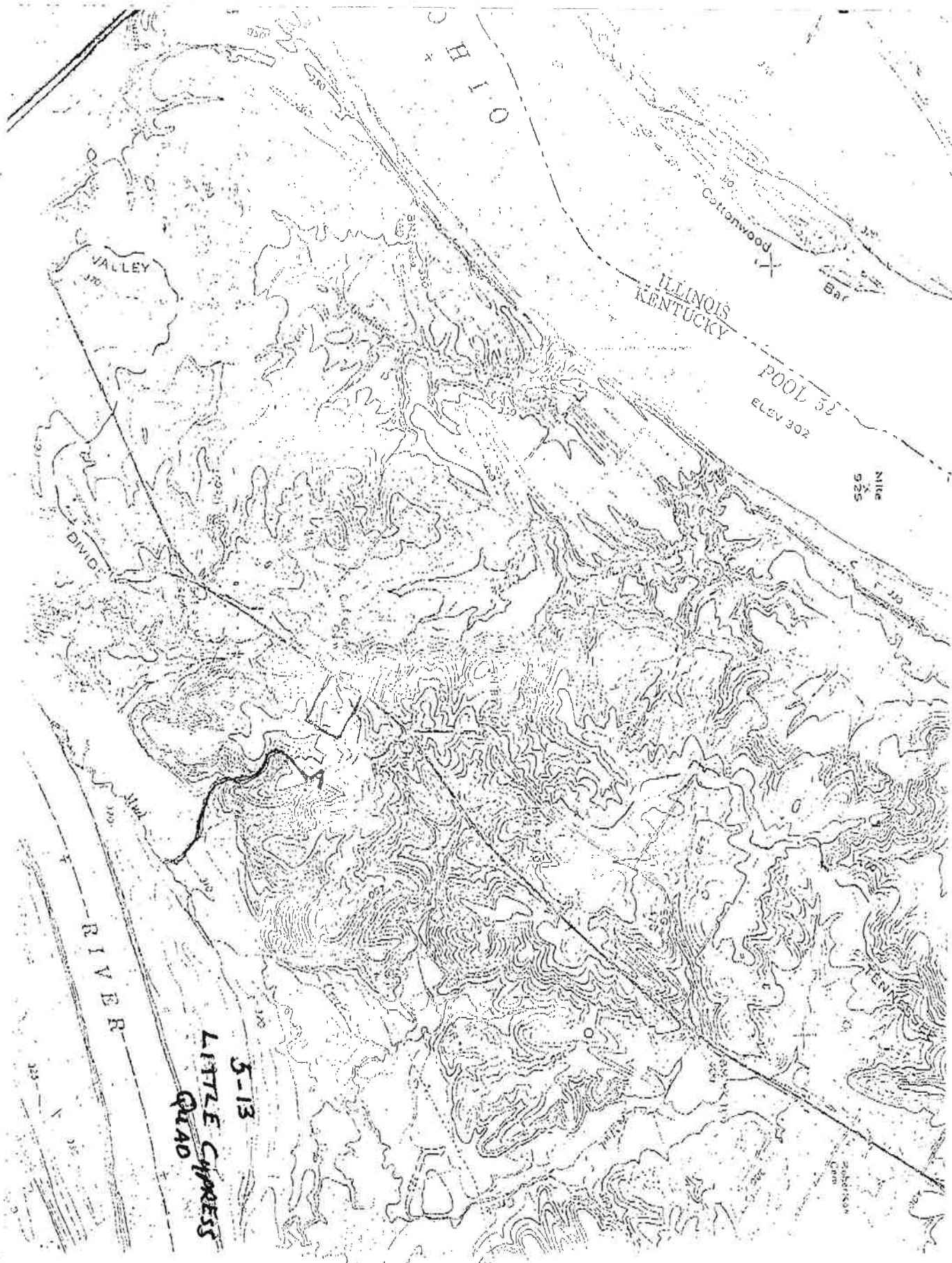
6. SMALL NON PUBLIC OWNED

Filing Fee Enclosed:

*\$ 200***VIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): <i>OWNER</i>		TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>DAVID M. ANDERSON</i>		<i>270-362-8901</i>
SIGNATURE <i>David M. Anderson</i>		DATE: <i>9/10/08</i>



VALLEY

OHIO

ILLINOIS
KENTUCKY

POOL 52
ELEV 302

525
Nile

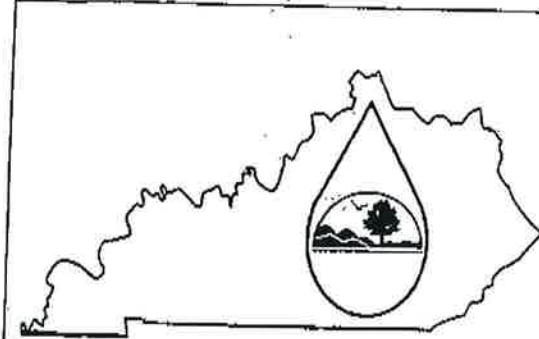
DIVID

RIVER

5-13
LITTLE CYPRESS
QUAD

KPDES FORM SC

AI 2734



**KENTUCKY POLLUTANT DISCHARGE
 ELIMINATION SYSTEM**

PERMIT APPLICATION

A complete application consists of this form and Form 1.
 For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: GUMP GULLY	
I. FACILITY DISCHARGE FREQUENCY	AGENCY USE: 0043834
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)	
B. How many days per week?	SEVEN
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 225 STUDENTS 13 EMPLOYEES - APPROXIMATE	
B. If new discharger, indicate anticipated discharge date:	
C. Indicate the design capacity of the treatment system:	MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	03	30	88	26	24	4T TO MUDD CREEK MP .06

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	SEW	0.003MGD	1T, 1L, 8G, 1R, 2F, 4A	

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage) ☐ Oil field waste
☐ Noncontact cooling water ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/> Antimony		<input type="checkbox"/> Copper		<input type="checkbox"/> Silver	
<input type="checkbox"/> Arsenic		<input type="checkbox"/> Lead		<input type="checkbox"/> Thallium	
<input type="checkbox"/> Beryllium		<input type="checkbox"/> Mercury		<input type="checkbox"/> Zinc	
<input type="checkbox"/> Cadmium		<input type="checkbox"/> Nickel			
<input type="checkbox"/> Chromium		<input type="checkbox"/> Selenium			

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**A. Number of bypass points:**

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
TOTAL POPULATION SERVED	

BAKER & ANDERSON, PSC.
CERTIFIED PUBLIC ACCOUNTANTS
738 US HWY 62
GRAND RIVERS, KY.
270-362-8901 or FAX 270-362-8909



NOVEMBER 10, 2008

TO: DIVISION OF WATER
FAX #: 502-564-5105
ATTN: WILLIAM SHANE
SURFACE WATER PERMITS BRANCH
FROM: DAVID M. ANDERSON--GUMP GULLY--AI 2734

THIS PAGE IS PAGE 1 OF 3 PAGES

FOLLOWING PLEASE FIND A COPY OF YOUR LETTER DATED
OCTOBER 17 FOR REFERENCE AND PAGE 4 OF THE PERMIT
APPLICATION THAT YOU RETURNED.

THIS FACILITY HAS BEEN CLOSED SINCE PRIOR TO THE
PREVIOUS PERMIT (2003) AND IS CURRENTLY CLOSED. NO
DISCHARGES HAVE OCCURRED THEREFORE NO ANALYSIS EXIST.

WE PLAN TO RE--OPEN IN 2009 AT THAT TIME WE WILL BE GLAD
TO SUPPLY ANALYSIS RESULTS.

08/26/2008 TUE 10:00 RECEIVED 08/26/2008 08:55 2703628909
FAX 502 564 5105 DOW KPDGS FAX

BAKER ANDERSON PSC

2017/028

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)
AI 2734

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅			
TOTAL SUSPENDED SOLIDS	THIS FACILITY HAS BEEN CLOSED SINCE PRIOR TO THE PREVIOUS PERMIT (2003) AND IS CURRENTLY CLOSED		
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON	NO DISCHARGES HAVE OCCURRED THEREFORE NO ANALYSIS EXIST		
AMMONIA (AS N)			
DISCHARGE FLOW			
PH			
TEMPERATURE (WINTER)	PLAN TO RE-OPEN IN 2009		
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	
------------------------------------	--

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
DAVID M. ANDERSON OWNER	270-362-8901
SIGNATURE	DATE
David M. Anderson	9/10/08